CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|----------------|--|
| 0712 | 1 | Deer Lodge Elem | | 39 | EL | |
| Proposed Restricte | d Indirect Cost Rate _ | % (Ro | und to nearest hundr | edth (X.XX%) of | a percent.) | |
| | mplete and submit with submitted for the elem al of your rate. | | | | | |
| This is to certify that I knowledge and belief: | have reviewed the ind | irect cost rate proposa | al submitted herewit | th and to the be | est of my | |
| allowable in accordan A-87, "Cost Principles | in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm | nts of the Federal awa overnments." Unallow | rd(s) to which they wable costs have be | apply and OME en adjusted in | 3 Circular | |
| casual relationship be accordance with appli have not been claimed | in the proposal are pro stween the expenses in cable requirements. F d as direct costs. In ac ic Instruction will be no | curred and the agreer urther, the same costs ddition, similar types o | ments to which they s that have been tre f costs have been a | are allocated eated as indired accounted for c | in ct costs | |
| | going is true and corre | | | | | |
| Signature of District | Superintendent or B | oard Chairperson | Street Address o | | | |
| Printed Name of Aut | horized Official | | 444 Montana Aver | venue Zip Code | | |
| Timed Name of Add | | | Deer Lodge | _ | 722 | |
| Title | | | Date | 00 | | |
| Send comp | leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29 | ction | | | | |
| ACCEPTED A | ND APPROVED FOR | | ENT OF PUBLIC II | NSTRUCTION | BY: | |
| Арр | proved Rate for FY20 | 04 | Date Approved | | | |
| | | | Signature | | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------|----------------|
| 0713 | СО | Powell County H S | | 39 | HS |
| Proposed Restricte | d Indirect Cost Rate _ | % (Ro | und to nearest hundr | edth (X.XX%) of | a percent.) |
| | mplete and submit with submitted for the elem al of your rate. | | | | |
| This is to certify that I knowledge and belief: | have reviewed the ind | irect cost rate proposa | al submitted herewit | h and to the be | est of my |
| allowable in accordan A-87, "Cost Principles | in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm | its of the Federal awa overnments." Unallov | rd(s) to which they a vable costs have be | apply and OME en adjusted in | 3 Circular |
| casual relationship be accordance with appli have not been claimed | in the proposal are pro tween the expenses in cable requirements. F d as direct costs. In ac ic Instruction will be no | curred and the agreer urther, the same cost ddition, similar types o | ments to which they s that have been tre f costs have been a | are allocated atted as indired accounted for c | in ct costs |
| | going is true and corre | | | | |
| Signature of District | Superintendent or B | oard Chairperson | Street Address of | r P.O. Box | |
| | | | 709 Missouri Aven | | |
| Printed Name of Aut | horized Official | | City | Zip | Code |
| | | | Deer Lodge | 597 | 722 |
| Title | | | Date | 1 | |
| Send comp | leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29 | ction | | | |
| ACCEPTED A | ND APPROVED FOR | | ENT OF PUBLIC II | NSTRUCTION | BY: |
| Арр | proved Rate for FY20 | 04 | Date Approved | | |
| | | | Signature | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|----------------|
| 0715 | psed Restricted Indirect Cost Rate | | 39 | | EL |
| Proposed Restricte | ed Indirect Cost Rate _ | % (Rd | und to nearest hundr | edth (X.XX%) of | f a percent.) |
| application should be | submitted for the elem | | | | |
| This is to certify that I knowledge and belief | | rect cost rate proposa | al submitted herewi | th and to the bo | est of my |
| allowable in accordar A-87, "Cost Principles | nce with the requiremer is for State and Local G | its of the Federal awa overnments." Unallov | rd(s) to which they vable costs have be | apply and OMI een adjusted in | 3 Circular |
| casual relationship be accordance with appl have not been claime | etween the expenses in icable requirements. F id as direct costs. In ac | curred and the agree urther, the same cost Idition, similar types o | ments to which they s that have been tro f costs have been a | are allocated eated as indired accounted for control | in ct costs |
| | | | | | |
| Signature of District | Superintendent or B | oard Chairperson | Street Address o | r P.O. Box | |
| | | | 4852 Highway #20 | | |
| Printed Name of Aut | thorized Official | | City | Zip | Code |
| | | | Ovando | 59 | 854 |
| Title | | | Date | · | |
| | | | | | |
| Send comp | leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2 | ction | | | |
| ACCEPTED A | AND APPROVED FOR | THE SUPERINTEND | ENT OF PUBLIC I | NSTRUCTION | BY: |
| Ар | proved Rate for FY20 | 04 | Date Approved | | |
| | | | Signature | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| | 1 | | • | | _ |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------|
| Legal Entity # | School Dist. # | School Name | | County | Level |
| 0717 | 15 | Helmville Elem | | 39 | EL |
| Proposed Restricte | ed Indirect Cost Rate _ | % (Rd | ound to nearest hundr | edth (X.XX%) o | of a percent.) |
| | omplete and submit with submitted for the elem val of your rate. | | | | |
| This is to certify that I knowledge and belief | have reviewed the ind | irect cost rate proposa | al submitted herewit | th and to the b | est of my |
| allowable in accordar A-87, "Cost Principles | in this proposal to estance with the requirements for State and Local Gother attached Predeterm | its of the Federal awa overnments." Unallov | rd(s) to which they wable costs have be | apply and OM een adjusted ir | B Circular |
| casual relationship be accordance with appl have not been claime | in the proposal are proetween the expenses in icable requirements. Fed as direct costs. In action will be no | curred and the agree urther, the same cost Idition, similar types o | ments to which they s that have been tre of costs have been a | are allocated eated as indire accounted for outline | in ct costs |
| I declare that the fore | going is true and corre | ct. | | | |
| Signature of District | t Superintendent or B | oard Chairperson | Street Address o | r P.O. Box | |
| | | | 91 Schoolhouse R | Rd | |
| Printed Name of Au | thorized Official | | City | Zi | p Code |
| | | | Helmville | 59 | 843 |
| Title | | | Date | | |
| Send comp | oleted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2 | ction | | | |
| ACCEPTED A | AND APPROVED FOR | THE SUPERINTEND | ENT OF PUBLIC II | NSTRUCTION | I BY: |
| Ар | proved Rate for FY20 | 04 | Date Approved | | |
| | | | Signature | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 0718 | 20 | Garrison Elem | | 39 | EL |
| Proposed Restricte | ed Indirect Cost Rate _ | % (Rd | ound to nearest hundr | edth (X.XX%) of | a percent.) |
| | omplete and submit with submitted for the elem ral of your rate. | | | | |
| This is to certify that I knowledge and belief | have reviewed the ind | rect cost rate proposa | al submitted herewi | th and to the be | est of my |
| allowable in accordar A-87, "Cost Principles | in this proposal to estance with the requirements for State and Local Gother attached Predeterm | its of the Federal awa overnments." Unallov | rd(s) to which they vable costs have be | apply and OMI en adjusted in | 3 Circular |
| casual relationship be accordance with appl have not been claime | in the proposal are proetween the expenses in icable requirements. Find as direct costs. In action will be no | curred and the agree urther, the same cost Idition, similar types o | ments to which they s that have been tre f costs have been a | are allocated eated as indired accounted for content of the conten | in ct costs |
| | going is true and corre | | | | |
| Signature of District | Superintendent or B | oard Chairperson | Street Address o | r P.O. Box | |
| | | | One School House | | |
| Printed Name of Aut | thorized Official | | City | Zip | Code |
| | | | Garrison | 59 | 731 |
| Title | | | Date | · | |
| | | | | | |
| Send comp | leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2 | ction | | | |
| ACCEPTED A | AND APPROVED FOR | THE SUPERINTEND | ENT OF PUBLIC II | NSTRUCTION | BY: |
| Ар | proved Rate for FY20 | 04 | Date Approved | | |
| | | | Signature | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|----------------|
| 0719 | 27 | Elliston Elem | | 39 | EL |
| Proposed Restricte | d Indirect Cost Rate | % (Ro | ound to nearest hundr | edth (X.XX%) of | a percent.) |
| | omplete and submit with submitted for the elemental of your rate. | | | | |
| This is to certify that I knowledge and belief: | have reviewed the ind | irect cost rate proposa | al submitted herewit | th and to the be | est of my |
| allowable in accordan A-87, "Cost Principles | in this proposal to estance with the requirements for State and Local Garden attached Predeterm | nts of the Federal awa overnments." Unallov | rd(s) to which they wable costs have be | apply and OME en adjusted in | 3 Circular |
| casual relationship be accordance with appli have not been claime | in the proposal are pro etween the expenses in icable requirements. F d as direct costs. In ac lic Instruction will be no | ncurred and the agree Further, the same cost addition, similar types o | ments to which they s that have been tre f costs have been a | are allocated eated as indired accounted for c | in ct costs |
| | going is true and corre | | | | |
| Signature of District | Superintendent or B | oard Chairperson | Street Address o | r P.O. Box | |
| | | | PO Box 160 | | |
| Printed Name of Authorized Official | | | City | Zip | Code |
| | | | Elliston | 597 | 728 |
| Title | | | Date | | |
| Send comp | leted form to: | | | | |
| | School Accounting ar Office of Public Instru PO Box 202501 Helena, MT 59620-2 | ction | | | |
| ACCEPTED A | AND APPROVED FOR | THE SUPERINTEND | ENT OF PUBLIC II | NSTRUCTION | BY: |
| Арі | proved Rate for FY20 | 04 | Date Approved | | |
| | | | Signature | | |
| | | | | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 0720 | 29 | Avon Elem | | 39 | EL |
| Proposed Restricted Indirect Cost Rate% (I | | | und to nearest hundr | edth (X.XX%) of | a percent.) |
| | mplete and submit with submitted for the elem al of your rate. | | | | |
| This is to certify that I knowledge and belief: | have reviewed the ind | irect cost rate proposa | al submitted herewit | th and to the be | est of my |
| allowable in accordan A-87, "Cost Principles | in this proposal to esta ce with the requiremer for State and Local Go he attached Predeterm | nts of the Federal awa overnments." Unallov | rd(s) to which they vable costs have be | apply and OME en adjusted in | 3 Circular |
| casual relationship be accordance with appli have not been claime | in the proposal are pro tween the expenses in cable requirements. F d as direct costs. In ac ic Instruction will be no | curred and the agreer further, the same costs ddition, similar types o | ments to which they s that have been tre f costs have been a | are allocated eated as indired accounted for content of the conten | in ct costs |
| I declare that the fore | going is true and corre | ct. | | | |
| Signature of District | Superintendent or B | oard Chairperson | Street Address o | r P.O. Box | |
| Printed Name of Aut | horized Official | | PO Box 246 City | Zir | Code |
| | | | Avon | _ | 713 |
| Title | | | Date | <u> </u> | |
| Send comp | leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-29 | ction | | | |
| ACCEPTED A | ND APPROVED FOR | | ENT OF PUBLIC II | NSTRUCTION | BY: |
| Арј | proved Rate for FY20 | 04 | Date Approved | | |
| | | | Signature | | |

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

| Legal Entity # | School Dist. # | School Name | | County | Level |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|-------------------|
| 0721 | 33 | Gold Creek Elem | | 39 | EL |
| Proposed Restricte | ed Indirect Cost Rate _ | | ound to nearest hundr | redth (X.XX%) | of a percent.) |
| | omplete and submit with submitted for the elem val of your rate. | | | | |
| This is to certify that I knowledge and belief | I have reviewed the ind | irect cost rate propos | al submitted herewi | th and to the I | pest of my |
| allowable in accordar A-87, "Cost Principles | in this proposal to estance with the requirements for State and Local Gother attached Predeterm | nts of the Federal awa overnments." Unallo | ard(s) to which they wable costs have be | apply and OM een adjusted i | IB Circular |
| casual relationship be accordance with appl have not been claime | in the proposal are proetween the expenses in licable requirements. Fed as direct costs. In achie Instruction will be no | curred and the agree urther, the same cost ddition, similar types o | ements to which they ts that have been tro of costs have been a | y are allocated eated as indire accounted for | d in ect costs |
| | egoing is true and corre | | 1 | | |
| Signature of District | t Superintendent or B | oard Chairperson | Street Address o | r P.O. Box | |
| | | | PO Box 330011 | | |
| Printed Name of Au | thorized Official | | City | Z | ip Code |
| | | | Gold Creek | 59 | 9733 |
| Title | | | Date | · | |
| Send comp | oleted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-2 | ction | | | |
| ACCEPTED A | AND APPROVED FOR | THE SUPERINTEND | DENT OF PUBLIC I | NSTRUCTIO | N BY: |
| | | | | | |
| Ар | proved Rate for FY20 | 04 | Date Approved | | |